

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |  |
|---|--|
| 1. File Number U - <u>5215</u>  | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>   |
| 3. Name and address of person filing.<br>Name <u>MARK</u> <u>I</u> <u>GLEASON</u><br>P.O. Box, Bldg., Room No., if any _____<br>Street <u>295 89TH STREET SUITE 306</u><br>City <u>DALY CITY</u><br>State <u>California</u> ZIP Code + 4 <u>94015</u> | 4. Name, file number, and address of labor organization.<br>Name <u>TEAMSTERS LOCAL UNION NO 665</u><br>Labor Organization File Number <u>041-157</u><br>P.O. Box, Building and Room Number, if any _____<br>Street <u>295 89TH STREET SUITE 306</u><br>City <u>DALY CITY</u><br>State <u>California</u> ZIP Code + 4 <u>94015</u> |
| 5. Position in labor organization. <u>PRESIDENT</u>   |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|   |   |
|---|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  |   |
| 6. Name and address of Employer (including trade name, if any).<br>Name <u>PERScription SOLUTIONS</u><br>Trade Name, if any: _____<br>P.O. Box, Bldg., Room No., if any _____<br>Street <u>3724 HAPPY VALLEY ROAD</u><br>City <u>LAFAYETTE</u><br>State <u>California</u> ZIP Code + 4 <u>94549</u> | 7.a. Nature of Interest, Transaction, or Income.<br><u>SEE CONTINUATION PAGE</u><br><br>7.b. Amount.<br><u>\$50</u> |

Signature

|  |                           |   |
|--|---------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                           |   |
| Signed <u>[Signature]</u>  | On <u>7-26-05</u><br>Date | <u>650-991-2102</u><br>Telephone Number |

Name of Person Filing MARK GLEASON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name HEALTH SERVICES BENEFIT ADMINISTRATORS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 160 AIRWAY BOULEVARD

City LIVERMORE

State California ZIP Code + 4 94551

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BAY AREA AUTOMOTIVE WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 160 AIRWAY BOULEVARD

City LIVERMORE

State California ZIP Code + 4 94551

## 11.a. Nature of such dealing.

PROFESSIONAL ADMINISTRATIVE SERVICES

## 11.b. Approximate dollar value of such dealing.

\$52

## 12.a. Nature of interest held or income received.

SEE CONTINUATION PAGE

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

**Part A Continuation Page**

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer  
From Pg. 1

PERScription SOLUTIONS

7.a. Nature of Interest, Transaction or Income (con't from Pg. 1 ):

In performance of his duties as a business representative the person identified in item 3 from time to time transacts business over breakfast, lunch or dinner with representatives of the employers from the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in item 7.b is the estimated value of the expenditures made by the employer identified in item 6 on his behalf for such food and beverages on or about: 5-18-2004. This estimate is based on a review of a business calendar for appointments and meetings in 2004.

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization is interested.

8. Name of Business  
From Pg. 2

BAY AREA AUTOMOTIVE TRUST FUND

12.a. Nature of interest held or income received (con't from Pg. 2 )

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8, which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). The amount entered in item 12.b represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee, and/or (2) the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. The quarterly meetings referenced above occurred on or about 5-4-2004. This estimate is based on information requested from the Trust Fund's third party administrator and a business calendar for appointments and meetings in 2004.